

Form No 1.

## (1) PLACE OF BIRTH

County of BambergTownship of ChickadeeInc. Town of  
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only  
58655Registration District No. 422 Registered No. 51  
(For use of Local Registrar)(2) Full Name of Child Martina Wright { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin <u>born</u> or Triplet?	(5) Number in order of birth <u>No 2</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 22</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Herbert Leiger(9) PRESENT POSTOFFICE OF FATHER Bamberg S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Bamberg S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Ella F. Leiger(15) PRESENT POSTOFFICE OF MOTHER Bamberg S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Bamberg S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) M. Leiger (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bamberg S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 2 1916

(28)

J. H. Steedly Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Chav. of Columbia